

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>10-019099</i>	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	<i>5</i>					
TOTAL DEP.	<i>11</i>					
TOTAL CLAIMS	<i>21</i>					

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IND.	DEP.	IND.	DEP.	IND.
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52				
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TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				